

JUN 25 1990

Mr. Craig Draves  
Plant Manager  
601 E. Central Avenue  
Jefferson, IA 50129

REFERENCE: WCI Laundry Division  
EPA ID NO: IAD047055140

SUBJECT: Letter of Warning, dated June 14, 1990 and  
Notification of Hazardous Waste Management Activity

ATTENTION: Paul Pope

Dear Mr. Draves:

This letter is in response to your telephone discussion with Mr. Dick Bowman, of my staff, in reference to recent Letter of Warning issued to your facility concerning the 1989 biennial report.

In order to change your facility from the large quantity generator status, please provide a description of your current hazardous waste management activities on the enclosed notification form. The enclosed form is the version currently used, "Notification of Regulated Waste Activity", EPA Form 8700-12 (01-90), with instructions for completion. Please complete both sides, sign and return this form within ten days to:

Mr. Dick Bowman, RCRA/IOWA  
EPA Region VII  
726 Minnesota Avenue  
Kansas City, Kansas 66101

With respect to the Letter of Warning issued to your facility, you must submit the biennial report form(s) if you were a large quantity generator or regulated treatment, storage or disposal facility during any calendar month in 1989. If you were a non-handler, conditionally exempt small quantity generator or small quantity generator of hazardous waste throughout calendar year 1989, you may submit a certified statement from a responsible company official stating your facility's status during calendar year 1989 in response to the referenced Letter of Warning.

IOWA  
BOWMAN

IOWA  
CALLER

IOWA  
FEDERAL

DDSEK FFF90100L++YFPL00RPRRG T0015596



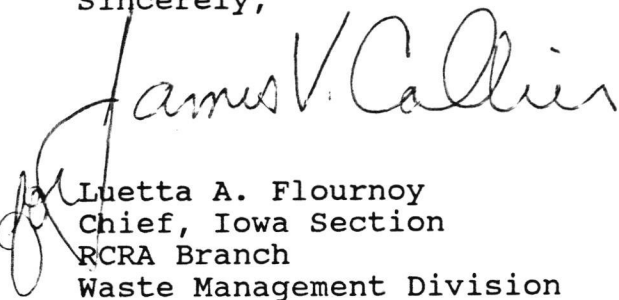
R00080865  
RCRA Records Center



We have enclosed booklets which summarize the regulations, definitions and reporting requirements for the small business generator.

Your cooperation is appreciated. If you have any questions, please contact Mr. Bowman of my staff at (913) 551-7058.

Sincerely,

  
Luetta A. Flourney  
Chief, Iowa Section  
RCRA Branch  
Waste Management Division

Enclosures

cc: Pete Hamlin, IDNR



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII  
726 MINNESOTA AVENUE  
KANSAS CITY, KANSAS 66101

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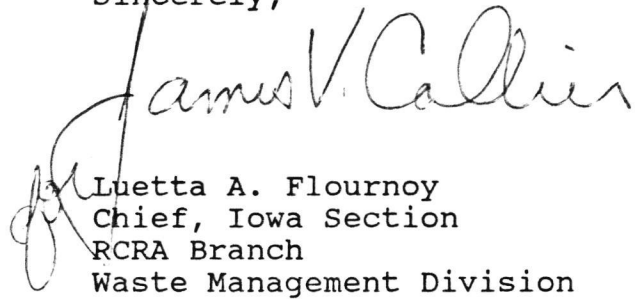
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UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



National Flag Day



Pause For The Flag



PENALTY FOR PRIVATE  
USE, \$300

RETURN  
TO



Print Sender's name, address, and ZIP Code in the space below.

U.S. EPA Region VII  
RCRA Branch/IOWA Section  
726 Minnesota Avenue  
Kansas City, KS 66101

JUN 14 1990

<p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>							
<p>3. Article Addressed to:</p> <p>Mr. Craig Draves, Plant Manager 601 E. Central Ave. Jefferson, IA 50129</p>	<p>4. Article Number</p> <p>P 564 513 106</p> <p>Type of Service:</p> <table><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Insured</td></tr><tr><td><input type="checkbox"/> Certified</td><td><input type="checkbox"/> COD</td></tr><tr><td><input type="checkbox"/> Express Mail</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr></table> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature — Addressee</p> <p>X <i>Robert A. Draves</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>						
<p>6. Signature — Agent</p> <p>X</p>							
<p>7. Date of Delivery</p> <p>6-18-90</p>							